

Atty Docket No. 020054-001130US

PTO FAX NO.: 703-308-4315

ATTENTION: Examiner DeCloux, Amy
TELEPHONE NO.:

Group Art Unit 1644

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AUG 22 2002

EXAMINER DeCloux, Amy

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Document(s) Attached

1. Transmittal Form
2. Fee Transmittal
3. Petition for Extension of Time
4. Preliminary Amendment and Response to Restriction Requirement (10 pages)

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Dated: August 21, 2002


Maisie C. Livengood

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/724,553	
		Filing Date	November 28, 2000	
		First Named Inventor	Lu, Peter S.	
		Group Art Unit	1644	
		Examiner Name	DeCloux, Amy	
Total Number of Pages in This Submission		1	Attorney Docket Number	020054-001130US

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input type="checkbox"/> Return Postcard <input type="checkbox"/> Preliminary Amendment and Response to Restriction Requirement	
		Remarks	
		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Scott L. Ausenhus	
Signature		
Date	Reg. No. 42,271 August 21, 2002	

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